



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME	
	PHONE (A/C. No. Ext) (866) 283-7122	FAX (A/C. No.) 800-363-0105
INSURED Trump Old Post Office, LLC 1100 Pennsylvania Avenue NW Washington DC 20004 USA	E-MAIL ADDRESS	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A National Fire Ins. Co. of Hartford	20478
	INSURER B Continental Casualty Company	20443
	INSURER C Lloyd's Syndicate No. 1969	AA1120106
INSURER D American Casualty Co. of Reading PA	20427	
INSURER E		
INSURER F		

COVERAGES**CERTIFICATE NUMBER:** 570080579658**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> (b) (4) GEN'L AGGREGATE L MIT APPL ES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL2070997880 SIR applies per policy terms & conditions	05/30/2019	05/30/2020	EACH OCCURRENCE (b) (4) DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV NJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Policy Aggregate (b) (4)
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> (b) (4) <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> (b) (4)			6018423536	05/30/2019	05/30/2020	COMB NED S NGLE LIMIT (Ea accident) (b) (4) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION (b) (4)			CSUSA1901674	05/30/2019	05/30/2020	EACH OCCURRENCE (b) (4) AGGREGATE Prod. Comp. Ops. Agg. (b) (4)
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N		N/A	WC2070997779 AOS	05/30/2019	05/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L. EACH ACC DENT (b) (4) E L. DISEASE-EA EMPLOYEE (b) (4) E L. DISEASE-POLICY L MIT (b) (4)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Trump Old Post Office, LLC (tenant) 1100 Pennsylvania Avenue NW, Washington DC, 20004. Government and National Parks Service are included as an Additional Insured as it relates to operations performed under this contract, in accordance with the provisions of the General Liability policy. The Landlord in the OPO Lease is defined as "The UNITED STATES OF AMERICA, acting by and through the Administrator of General Services (together with its permitted successors under this Lease, 'Landlord')". Privileged and Confidential Information not Subject to Release to the Public Under The Freedom of Information Act.

CERTIFICATE HOLDER**CANCELLATION**

U.S. General Services Administration 301 7th St SW Washington DC 20401-0001 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier :

Certificate No : 570080579658



THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

[illegible]



AGENCY CUSTOMER ID: 570000022239

LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Trump Old Post Office, LLC	
POLICY NUMBER See Certificate Number: 570080579658			
CARRIER See Certificate Number: 570080579658	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Excess Layer Breakdown

Excess Layers 5/30/19- 5/30/20

(b) xs (b) Liberty Mutual Insurance Europe SE
Policy Number: CSUSA1901817

(b) po (b) xs (b) Endurance American Insurance Company
Policy Number: XSC30000116703

(b) po (b) xs (b) QBE Insurance Corporation
Policy Number: CCU3967495

(b) xs (b) Various Syndicates of Lloyds of London
Policy Number: CSUSA1901849

(b) xs (b) (4) Various Syndicates of Lloyds of London (Lead Hiscox (b) (4) and QBE 12.5%)
Policy Number: CSUSA1903398

**Aspen Bermuda Limited #ECA8HHN19A0F (b) po (b) xs (b) (4) Aon Risk Solutions (U.S.)
is generating and distributing certificates in an administrative capacity, Aon (Bermuda) Ltd. is the
broker for this policy.

**XL Bermuda Ltd. #BM00033454LI19A (b) po (b) xs (b) (4) Aon Risk Solutions (U.S.)
is generating and distributing certificates in an administrative capacity, Aon (Bermuda) Ltd. is the
broker for this policy.

** Liberty Special Markets Agency Limited #IS0005117 (b) po (b) xs (b) Aon Risk Solutions (U.S.)
is generating and distributing certificates in an administrative capacity, Aon (Bermuda) Ltd. is the
broker for this policy.

(b) po (b) xs (b)
The Ohio Casualty Insurance Company
Policy Number: ECO2055443623

Total Limits: (b)